



The City of  
**OKLAHOMA CITY**  
DEPARTMENT OF FINANCE

**APPROVED**

11-22-2022

BY THE CITY COUNCIL  
*Angie K. Simpson* CITY CLERK

September 1, 2022

22nd Century Technologies Inc  
8251 Greensboro Drive  
Suite 900  
McLean, VA 22102

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **C223051 for Temporary Staffing Services** for the term **12/4/2022 through 12/3/2023** under the same terms, conditions and provisions as originally awarded, including price(s).

Please indicate your concurrence or non-concurrence by completing the below listed information, including signature, and return to me by **September 15, 2022**. If the individual signing below is not the owner or an officer of the business or corporation, a letter of authorization should also be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

**YOUR CONCURRENCE DOES NOT GUARANTEE RENEWAL.** Should the Contracting Entity decide not to renew the above contract, you will be notified in writing or electronically. **This form may be mailed, faxed, emailed, scanned, or otherwise electronically submitted for contract/pricing agreement renewal.**

If you have any questions, please contact me at (405) 297-3138, Fax (405) 297-2142 or Email: [sherry.cochranschmees@okc.gov](mailto:sherry.cochranschmees@okc.gov).

Thank you,

*Sherry Cochran-Schmees*

Sherry Cochran-Schmees, Purchasing Analyst  
Procurement Services

☒ **Yes, I would like to renew  
per the above mentioned.**  
☐ **No, I do not wish to renew.**

**[INTERNAL USE ONLY]**

☐ **The Contracting Entity  
chooses not to renew the  
above contract/pricing  
agreement.**

**Isha Sharma**

**PRINTED NAME**

**Contracts Manager**

**TITLE**

**AUTHORIZED SIGNATURE**

**22nd Century Technologies, Inc.**

**COMPANY NAME**

**8251 Greensboro Dr. Suite 900**

**STREET ADDRESS**

**McLean, VA 22102**

**CITY, STATE AND ZIP CODE**

**866-537-9191 Option 2**

**BUSINESS TELEPHONE**

**[sledproposals@tscti.com](mailto:sledproposals@tscti.com)**

**CONTACT E-MAIL**

## LETTER OF AUTHORIZATION

**THIS LETTER OF AUTHORIZATION MUST BE COMPLETED AND SIGNED IF THE RENEWAL LETTER WAS NOT SIGNED BY THE OWNER, A GENERAL PARTNER, OR AN OFFICER OF THE CORPORATION**

City of Oklahoma City or related Public Trust:

This letter authorizes Isha Sharma, Contracts Manager to sign  
Renewal Letters and all forms related to the City of Oklahoma City's pricing agreement/contract  
on behalf of 22nd Century Technologies, Inc.  
Company Name

Sincerely,



Signature of Authorized Agent

CEO

Print Title

10/31/2022

Date

Anil Sharma

Print Name

Email Address: sledproposals@tscti.com

Title: (must be checked)

- ☐ Owner
- ☒ Chief Executive Officer [CEO]
- ☐ Chief Financial Officer [CFO]
- ☐ Chief Operating Officer [COO]
- ☐ Chairman or Chairman of the Board
- ☐ Vice-President

- ☐ Treasurer
- ☐ Corporate Secretary
- ☐ Assistant Secretary
- ☐ Secretary-Treasurer
- ☐ President



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/31/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|   |   |                                      |
|---|---|--------------------------------------|
| <b>PRODUCER</b><br>Technology Insurance Associates<br>InsureYourCompany.com<br>Gordons Corner Road 1H<br>Manalapan NJ 07726 | <b>CONTACT NAME:</b> Benjamin Levenson      |                                      |
|   | <b>PHONE (A/C, No. Ext):</b> (888) 242-4675 | <b>FAX (A/C, No):</b> (732) 862-1177 |
| <b>E-MAIL ADDRESS:</b> Ben@insureyourcompany.com  |   |                                      |
| <b>INSURER(S) AFFORDING COVERAGE</b>  |   | <b>NAIC #</b>                        |
| <b>INSURER A:</b> Atlantic Specialty Insurance Company  |   | 27154 A+                             |
| <b>INSURER B:</b> United Wisconsin Insurance Company  |   | 29157 A                              |
| <b>INSURER C:</b> Hartford Insurance  |   | 19682 A+                             |
| <b>INSURER D:</b> Chubb -Federal Insurance Company  |   | 20281 A++                            |
| <b>INSURER E:</b>   |   |                                      |
| <b>INSURER F:</b>   |   |                                      |

**COVERAGES** **CERTIFICATE NUMBER:** 163932 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE   | ADDL INSD | SUBR WVD | POLICY NUMBER      | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|-----------|----------|--------------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> CGL/Auto Deductible \$2500<br><input checked="" type="checkbox"/> Contractual Liability<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | X         | X        | 711016584-0003     | 02/07/2022              | 02/07/2023              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>Bus. Pers. Prop. \$ 1,555,000 |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO OWNED<br><input checked="" type="checkbox"/> AUTOS ONLY HIRED<br><input checked="" type="checkbox"/> AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY  | X         | X        | 711016584-0003     | 02/07/2022              | 02/07/2023              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$ 50,000<br>Deductible \$ 1,000  |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b><br><input checked="" type="checkbox"/> EXCESS LIAB<br><input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000  | X         | X        | 711016584-0003     | 02/07/2022              | 02/07/2023              | EACH OCCURRENCE \$ 12,000,000<br>AGGREGATE \$ 12,000,000   |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br>N  | N/A      | WC515-00750-022-SZ | 06/01/2022              | 06/01/2023              | <input checked="" type="checkbox"/> PER STATUTE<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000  |
| A        | Professional Liability/E&O  | X         | X        | 760010565-0003     | 02/07/2022              | 02/07/2023              | \$10,000,000 Each Occur / \$10,000,000 Aggregate   |
| C        | 3rd Party Fidelity Crime Bond   | X         | X        | 13TP0322385        | 02/07/2022              | 02/07/2023              | \$5,000,000 Each Occur / \$5,000,000 Aggregate   |
| A        | Cyber Liability   | X         | X        | 760010565-0003     | 02/07/2022              | 02/07/2023              | \$5,000,000 Each Occur / \$5,000,000 Aggregate   |
| D        | EPL-Employment Practices Liab.  | X         | X        | 8262-5617          | 11/18/2021              | 11/18/2022              | \$1,000,000 Each Occur / \$1,000,000 Aggregate   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Oklahoma City and it's Trusts named as additional insured only if there is a written contract.

## CERTIFICATE HOLDER

## CANCELLATION

|  |   |
|--|---|
| City of Oklahoma City<br>100 N. Walker, Ste. 200<br>Oklahoma City OK 73102 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><i>Benjamin Levenson</i> |
|--|---|

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ACORD 25 (2016/03)

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CERT NO:163932

Benjamin Levenson

10/31/2022



The City of  
**OKLAHOMA CITY**  
DEPARTMENT OF FINANCE

**APPROVED**

11-22-2022

BY THE CITY COUNCIL  
*Angie K. Simpson* CITY CLERK

September 1, 2022

365 Worx Inc  
4401 NW 4th St  
Suite 121  
Oklahoma City, OK 73107

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **C223052 for Temporary Staffing Services** for the term **12/4/2022 through 12/3/2023** under the same terms, conditions and provisions as originally awarded, including price(s).

Please indicate your concurrence or non-concurrence by completing the below listed information, including signature, and return to me by **September 15, 2022**. If the individual signing below is not the owner or an officer of the business or corporation, a letter of authorization should also be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

**YOUR CONCURRENCE DOES NOT GUARANTEE RENEWAL.** Should the Contracting Entity decide not to renew the above contract, you will be notified in writing or electronically. **This form may be mailed, faxed, emailed, scanned, or otherwise electronically submitted for contract/pricing agreement renewal.**

If you have any questions, please contact me at (405) 297-3138, Fax (405) 297-2142 or Email: [sherry.cochranschmees@okc.gov](mailto:sherry.cochranschmees@okc.gov).

Thank you,

*Sherry Cochran-Schmees*  
Sherry Cochran-Schmees, Purchasing Analyst  
Procurement Services

☒ Yes, I would like to renew  
per the above mentioned.  
☐ No, I do not wish to renew.

**[INTERNAL USE ONLY]**

☐ The Contracting Entity  
chooses not to renew the  
above contract/pricing  
agreement.

*Jeff Shilling*  
\_\_\_\_\_  
PRINTED NAME  
*President*  
\_\_\_\_\_  
TITLE  
*Jeff Shilling*  
\_\_\_\_\_  
AUTHORIZED SIGNATURE  
*365 Worx Inc.*  
\_\_\_\_\_  
COMPANY NAME  
*4401 NW 4th St. Suite 121*  
\_\_\_\_\_  
STREET ADDRESS  
*Oklahoma City, OK 73107*  
\_\_\_\_\_  
CITY, STATE AND ZIP CODE  
*405 488-1100*  
\_\_\_\_\_  
BUSINESS TELEPHONE  
*jmeillon@365worx.com*  
\_\_\_\_\_  
CONTACT E-MAIL



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/20/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|   |   |
|---|---|
| <b>PRODUCER</b><br>PROFESSIONAL INSURORS, LLC<br>7301 Broadway Ext<br>Suite 200<br>Oklahoma City OK 73116 | <b>CONTACT NAME:</b> Candace Chiles<br><b>PHONE (A/C, No, Ext):</b> (405) 843-9191<br><b>E-MAIL ADDRESS:</b> cchiles@pi-ins.com<br><b>FAX (A/C, No):</b> (405) 843-9190   |
| <b>INSURED</b><br>365 Worx Inc.<br>P.O. Box 272015<br>Oklahoma City OK 73127                              | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Markel Insurance Company<br><b>INSURER B:</b> CompSource Mutual Insurance Company<br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |
|   | <b>NAIC #</b><br>36188  |

**COVERAGES****CERTIFICATE NUMBER:** 2022 COI**REVISION NUMBER:**

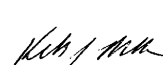
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE   | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | PAKP0003133   | 08/01/2022              | 08/01/2023              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 3,000,000<br>PRODUCTS - COMP/OP AGG \$ 3,000,000 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY   |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$   |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           |          | 02207483221   | 07/01/2022              | 07/01/2023              | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$ 100,000<br>E.L. DISEASE - EA EMPLOYEE \$ 100,000<br>E.L. DISEASE - POLICY LIMIT \$ 500,000  |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

The City of Oklahoma City and its Trusts are Additional Insureds as required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

|  |  |
|--|--|
| City of Oklahoma City<br>100 N Walker<br>Suite 200<br>Oklahoma City OK 73102 | <b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b><br><b>AUTHORIZED REPRESENTATIVE</b><br> |
|--|--|

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The City of  
**OKLAHOMA CITY**  
DEPARTMENT OF FINANCE

**APPROVED**

11-22-2022

BY THE CITY COUNCIL  
*Angie M. Simpson* CITY CLERK

September 1, 2022

Numunu Staffing LLC  
1003 SW C Ave  
Ste B  
Lawton, OK 73501

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **C223053 for Temporary Staffing Services** for the term **12/4/2022 through 12/3/2023** under the same terms, conditions and provisions as originally awarded, including price(s).

Please indicate your concurrence or non-concurrence by completing the below listed information, including signature, and return to me by **September 15, 2022**. If the individual signing below is not the owner or an officer of the business or corporation, a letter of authorization should also be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

**YOUR CONCURRENCE DOES NOT GUARANTEE RENEWAL.** Should the Contracting Entity decide not to renew the above contract, you will be notified in writing or electronically. **This form may be mailed, faxed, emailed, scanned, or otherwise electronically submitted for contract/pricing agreement renewal.**

If you have any questions, please contact me at (405) 297-3138, Fax (405) 297-2142 or Email: [sherry.cochranschmees@okc.gov](mailto:sherry.cochranschmees@okc.gov).

Thank you,

*Sherry Cochran-Schmees*  
Sherry Cochran-Schmees, Purchasing Analyst  
Procurement Services

☒ Yes, I would like to renew  
per the above mentioned.  
☐ No, I do not wish to renew.

[INTERNAL USE ONLY]

☐ The Contracting Entity  
chooses not to renew the  
above contract/pricing  
agreement.

*George Tahdoorhnippah*  
PRINTED NAME  
*CEO*  
TITLE  
*George Tahdoorhnippah*  
AUTHORIZED SIGNATURE  
*Numunu Staffing, LLC.*  
COMPANY NAME  
*1003 SW C Ave Ste B.*  
STREET ADDRESS  
*Lawton, OK 73501*  
CITY, STATE AND ZIP CODE  
*580-280-2268*  
BUSINESS TELEPHONE  
*riley@numunustaffing.com*  
CONTACT E-MAIL





NUMUSTA01C

SSPENCER

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/27/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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|   |   |
|---|---|
| PRODUCER<br><b>INSURICA of Lawton</b><br>10 SW 2nd Street<br>Lawton, OK 73501           | CONTACT<br>NAME:<br>PHONE<br>(A/C, No, Ext): <b>(580) 355-4500</b><br>FAX<br>(A/C, No): <b>(580) 353-7184</b><br>E-MAIL<br>ADDRESS:                     |
|   | INSURER(S) AFFORDING COVERAGE<br>INSURER A : <b>Hudson Insurance Company</b><br>INSURER B :<br>INSURER C :<br>INSURER D :<br>INSURER E :<br>INSURER F : |
| INSURED<br><br><b>Numunu Staffing LLC</b><br>1003 SW C Ave, Suite B<br>Lawton, OK 73501 | NAIC #<br><b>25054</b>  |

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR<br>LTR | TYPE OF INSURANCE   | ADDL<br>INSD | SUBR<br>WVD | POLICY NUMBER | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMITS   |
|-------------|---|--------------|-------------|---------------|----------------------------|----------------------------|--|
| A           | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Medical Malpractice<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | X            |             | NACL01247-03  | 10/20/2022                 | 10/20/2023                 | EACH OCCURRENCE \$ <b>2,000,000</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b><br>MED EXP (Any one person) \$ <b>10,000</b><br>PERSONAL & ADV INJURY \$ <b>1,000,000</b><br>GENERAL AGGREGATE \$ <b>5,000,000</b><br>PRODUCTS - COMP/OP AGG \$ <b>4,000,000</b><br>MEDICAL MALPRAC \$ <b>3,000,000</b> |
|             | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY  |              |             |               |                            |                            | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
|             | UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$   |              |             |               |                            |                            | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
| A           | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | N / A        |             | OBH261684630  | 10/26/2022                 | 10/26/2023                 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ <b>1,000,000</b><br>E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b><br>E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is an Additional Insured with respect to General Liability if required or agreed to in a written contract subject to all provisions and limitations of the policy.

## CERTIFICATE HOLDER

## CANCELLATION

|   |   |
|---|---|
| City of Oklahoma City<br>Attn: Sherry Cochran-Schmees<br>100 N Walker, Ste 200<br>Oklahoma City, OK 73102 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|---|



The City of  
**OKLAHOMA CITY**  
DEPARTMENT OF FINANCE

**APPROVED**

11-22-2022

BY THE CITY COUNCIL  
*Arny M. Simpson* CITY CLERK

September 8, 2022

OnTrack Staffing  
2601 NW Expressway  
Suite 110E  
Oklahoma City, OK 73112

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **C223054 for Temporary Staffing Services** for the term **12/4/2022 through 12/3/2023** under the same terms, conditions and provisions as originally awarded, including price(s).

Please indicate your concurrence or non-concurrence by completing the below listed information, including signature, and return to me by **September 15, 2022**. If the individual signing below is not the owner or an officer of the business or corporation, a letter of authorization should also be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

**YOUR CONCURRENCE DOES NOT GUARANTEE RENEWAL.** Should the Contracting Entity decide not to renew the above contract, you will be notified in writing or electronically. **This form may be mailed, faxed, emailed, scanned, or otherwise electronically submitted for contract/pricing agreement renewal.**

If you have any questions, please contact me at (405) 297-3138, Fax (405) 297-2142 or Email: [sherry.cochranschmees@okc.gov](mailto:sherry.cochranschmees@okc.gov).

Thank you,

*Sherry Cochran-Schmees*

Sherry Cochran-Schmees, Purchasing Analyst  
Procurement Services

☒ Yes, I would like to renew  
per the above mentioned.  
☐ No, I do not wish to renew.

**[INTERNAL USE ONLY]**

☐ The Contracting Entity  
chooses not to renew the  
above contract/pricing  
agreement.

*Adam Kincheloe*  
PRINTED NAME  
*President*  
TITLE  
*Adam Kincheloe*  
AUTHORIZED SIGNATURE  
*OnTrack Staffing*  
COMPANY NAME  
*2601 NW Expressway Ste 110 E*  
STREET ADDRESS  
*OKC OK 73112*  
CITY, STATE AND ZIP CODE  
*405-286-9414*  
BUSINESS TELEPHONE  
*Adam@otstaffing.com*  
CONTACT E-MAIL





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/31/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|   |   |                                       |
|---|---|---------------------------------------|
| <b>PRODUCER</b><br>The Odell Studner Group, LLC<br>200 North Warner Road, Suite 450<br>King of Prussia PA 19406 | <b>CONTACT</b><br>NAME: Shelby Kleckner<br>PHONE (A/C, No, Ext): 484-586-3957<br>E-MAIL ADDRESS: skleckner@odellstudner.com | <b>FAX</b><br>(A/C, No): 484-586-3988 |
| <b>INSURER(S) AFFORDING COVERAGE</b>  |   | <b>NAIC #</b>                         |
| INSURER A : Zurich American Insurance Company   |   | 16535                                 |
| INSURER B : Philadelphia Indemnity Insurance Company  |   | 18058                                 |
| INSURER C : Axis Insurance Company  |   | 37273                                 |
| INSURER D :   |   |                                       |
| INSURER E :   |   |                                       |
| INSURER F :   |   |                                       |

**COVERAGES****CERTIFICATE NUMBER:** 1949785428**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE   | ADDL INSD                           | SUBR WVD | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|-------------------------------------|----------|-----------------|-------------------------|-------------------------|---|
| B        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: |                                     |          | PHPK2415932     | 5/31/2022               | 5/31/2023               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 20,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| B        | <input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS   |                                     |          | PHPK2415932     | 5/31/2022               | 5/31/2023               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| B        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000  |                                     |          | PHUB815222      | 5/31/2022               | 5/31/2023               | EACH OCCURRENCE \$ 10,000,000<br>AGGREGATE \$ 10,000,000<br>\$  |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br><input type="checkbox"/> N/A |          | WC343489010     | 1/1/2022                | 1/1/2023                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000   |
| C        | 3rd Party Crime   |                                     |          | P00100059654402 | 5/31/2022               | 5/31/2023               | \$1,000,000 Limit   |
| B        | Professional Liability  |                                     |          | PHPK2415932     | 5/31/2022               | 5/31/2023               | \$1,000,000 Limit   |
| B        | Abuse or Molestation  |                                     |          | PHPK2415932     | 5/31/2022               | 5/31/2023               | \$1,000,000 Limit   |
|          |   |                                     |          |                 |                         |                         | \$2,000,000 Agg<br>\$1,000,000 Agg  |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

The City of Oklahoma City and it's Trusts is included as an Additional Insured with regard to General Liability coverage, when required by written contract, but only as respects liability arising from the named insured's operations on behalf of the Additional Insured and subject to the terms and conditions.

**CERTIFICATE HOLDER****CANCELLATION**

The City of Oklahoma City and it's Trusts  
100 N. Walker #100 South  
Oklahoma City, OK 73102

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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